

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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## ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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December, 1953

### CONTENTS

Editorial ... ..	298	Mr. Bruce Clarke, by H. S. Crichton	
So To Speak ... ..	304	Starkey ... ..	314
Not Yet Diagnosed, by R. R. Prewer	305	Letters to the Editor ... ..	316
Music at St. Bart's-the-Great, by		In Praise of . . . Dancing ... ..	318
Paul Steinitz ... ..	307	Sport ... ..	320
Myxoedema, by H.-J. B. Galbraith ...	311	Hospital Appointments ... ..	323
Gunpowder, Treason and Plot, by		Obituary ... ..	323
R.B.P. ... ..	313	Book Review ... ..	324

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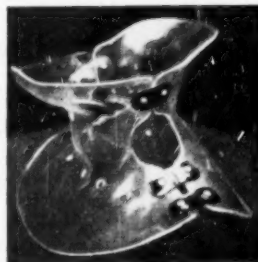
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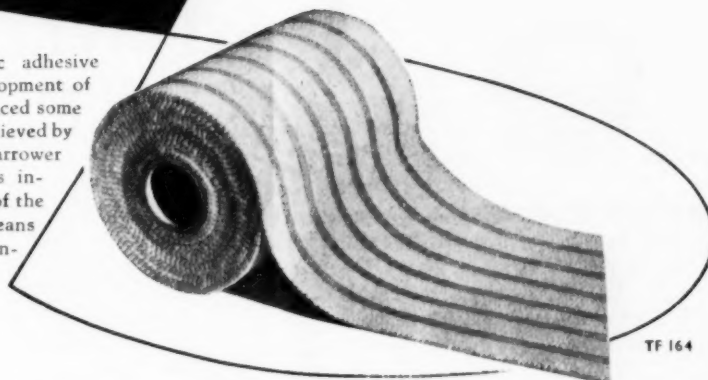
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Vol. LVII.

DECEMBER 1953

No. 12

## EDITORIAL

*'Physiology, when it does not encourage materialism, encourages mysticism.'*

E. G. BROWNE.

OF the small band of Bart.'s men who have left medicine to make a name in some other field, one of the most interesting and charming is Edward Granville Browne. Writing of him in 1949, twenty-four years after his death, a friend could say, 'even now to speak of Browne to a Persian, to say that I really knew him, is to meet an instant response of wonder and delight. In a Persian's memory he is the great champion of a nation which has not had many champions in the struggle for freedom.' This reputation was earned by a man whose attention was first drawn to the East at the age of sixteen, by a romantic sympathy for the Turks defeated and oppressed by Russia in 1877. To help Turkey it was necessary to learn Turkish, and soon the study of Islamic languages filled his spare time. Going on to Cambridge it hardly seemed unusual that he should read medicine and oriental languages concurrently, and having in five years satisfied the examiners in both subjects, he came to Bart.'s in 1884. 'And now for three years,' he says, 'it was only an occasional leisure hour that I could snatch from my medical studies for a chat with my Persian friends . . . or for quiet communing in the cool vaulted reading room of the British Museum with my favourite Sufi writers.' On qualifying he was preparing for a medical career, when he received the unexpected offer of a fellowship at Pembroke, his old college, and the University Lectureship in Persian. Within a few weeks he was on his way with a fellow Bart.'s man to spend the first year of these new appointments in Persia.

Like many of the great books on foreign life and travel, Browne's *Year Amongst the Persians*\* draws an unconscious and attractive picture of its writer. It tells, for instance, how, in order to understand fully the mind of the Persians and their religion, he took to opium smoking and all but succumbed to the habit; similarly, how he foiled a trick to ensnare him with *Cannabis Indica* by recognising its taste, from experience gained, he says, at Bart.'s; how also, being deeply interested in the life and teaching of the young religious reformer and mystic, Mirza Ali Muhammad, who had been martyred in 1850, and out of sympathy with his persecuted followers, he searched Persia for the hidden and disguised members of the proscribed Bābī sect. Later he returned to Cambridge to devote himself to the study of Oriental literature and language. He returned to medicine only briefly and partially in 1919 and 1920 with the Fitzpatrick Lectures, given at the College of Physicians, on Arabic Medicine, and later dedicated them to his former teacher Sir Norman Moore. With an international reputation for scholarship, he lived on until 1925, well known in and about Cambridge for the quality of his conversation and his hospitality.

As in similar cases, for example Robert Bridges and (from St. Thomas's) Somerset Maugham, it is interesting to ask what influence a medical education had on the career of Edward Browne. Fortunately, in *A Year Amongst the Persians* he has given us some

\* *A Year Amongst the Persians*, by E. G. Browne. 3rd Edition, 1950. A. and C. Black. 30s.



indication. Writing of his time at Bart.'s he says, 'This period was far from being an unhappy one, for my work if hard was full of interest; and if in the hospital I saw much that was sad, much that made me wonder at man's clinging to life . . . on the other hand I saw much to strengthen my faith in the goodness and nobility of human nature. The spirit of man,' he says, 'seemed to me like a prince in rags, ignorant alike of his birth and his rights, but to whom is reserved a glorious heritage.' In the 1880's the influence of science was all on the side of materialism—it was still the age of Darwin, the electron had yet to be discovered—but Browne's own studies, academic and clinical alike, brought him to a different conclusion. 'Even my medical studies, strange as it may seem, favoured the development of this habit of mind; for physiology, when it does not encourage materialism, encourages mysticism; and nothing so much tends to shake one's faith in the reality of the objective world as the examination of certain of the subjective phenomena of mental and nervous disorders.' It is clear both that he learnt at Bart.'s to see through to the hidden but real identity of his patients, and that his medical experiences only reinforced in him a religious and a mystical view of life. It was these same points of view which enabled him later to see beyond the many failings of the Persian, to the real qualities that were behind and which led him into active sympathy with the followers and beliefs of another religion.

In these opinions Browne was at least a generation in advance of his time, for today science stands no longer on the side of materialism; the wheel has gone far the other way. As this year's President of the British Association said, 'Science has given back to the universe, one might say, that quality of inexhaustible richness and unexpectedness and wonder which at one time it seemed to have taken away.' And in the 1950's as we try to piece together the patches of information which we gain from our own studies in Physics and Biochemistry, it is no longer remarkable if the cosmic picture they suggest takes us, with Browne, to an ultranatural, if not a mystical, explanation.

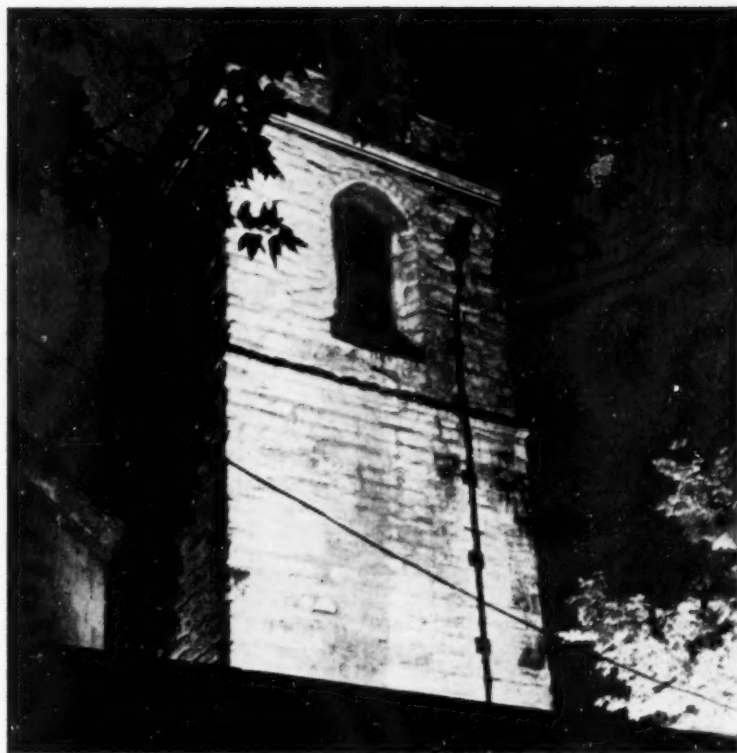
Fortunately the wards today show much less of pain and sadness than they did in the 1880's. But we all see enough still to be faced with the question which Browne found himself being asked, 'What is man and what is his end?' Without some sort of working answer to this question it is hard to see how medicine can be intelligently practised. The doctor who dodges it with a materialistic answer is left with only current conventional standards to guide him through the moral and personal tangles met in medical practice. He must explain how a profession relying on conventional standards alone would maintain them in the other three-fourths of the world where clean water not only resembles a solution of penicillin but can be sold as such with impunity; and how such a profession would resist a Hitler who ordered it to exterminate the insane or to sterilise the Jews. But more important and pertinent still, he must explain how he personally, in the many cases where he is unable to cure and only partly able to relieve, will be able to fulfil the other duty of the physician, which is to comfort, when he believes that the questions which always distress sick people either have no answer or no need to be asked at all.

It was not like Edward Browne to talk much or freely about himself. We only know that he had a ready sympathy for the individual, particularly if he was in distress, and that he saw beyond the cul-de-sac of materialism into which nineteenth-century science had temporarily passed. From the better vantage ground of to-day it is easier to see that modern science probably owes more to the Christian doctrine of the rationality of the universe than to any other single influence, and that the most distinctive characteristics of modern medicine derive from Christian belief in the significance of the individual person.

Some of us are compelled to go still further in giving a Christian answer to the great questions of medical practice and hold with an anonymous contemporary of William Harvey—another student of the human heart—that

'Only the Trinity which made it can

Fill up the vast three-cornered heart of man.'



*Photo : St. B.H. Nurses League News.*

FLOODLIT FOR THE CORONATION  
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### A Great Victory

In spite of the serious lack of student support for our sports clubs, to which an important letter in our columns this month draws timely attention, on Wednesday, November 18, our oarsmen won a resounding victory against the other Hospitals at Putney. They signally distinguished themselves and us by carrying off every trophy at the United Hospitals Regatta for which they raced, with the single exception of the Senior Eights, lost by a bare three feet to a Thomas's crew of Blues and 'Pinks' stroked by David Jennens, the most memorable Cambridge stroke of recent years.

Six new 'pots' will about double the number at present in the Library display and are a most heartening demonstration of what Bart's men, given enthusiasm and determined leadership, can still do.

### Dramatic Society

*J. S. Malpas writes:*

The Bart's Hospital Dramatic Society presented Denis Cannan's *Captain Carvallo* at the Cripplegate Theatre on Thursday and Friday evenings, November 19 and 20. The cactus is a strange plant; for a time it is a green presence, then quite suddenly bursts into flower, quickly fades almost apologising for its own brilliance, and then returns to its green potentialities once more. Anyone who watched the highly enjoyable performance that the Dramatic Society gave must feel that it has certain affinities with the life cycle of the cactus.

Here was an extravaganza, surely one of the most difficult kind of plays to perform, being put on with complete success by the cast and Messrs. Misciewicz and Sheaf. As to the play itself, most experienced critics could not make up their minds about the London production, so I am sure it would be hard to come to any conclusions either as to subject or style. However, the interpretation of some of the characters was better than in the other two amateur productions of this play that your correspondent has seen. Outstanding amongst them was Christopher Hudson's Professor Winke; together with Caspar Darde, played by Lowell Rees, these two caused enough outbursts of laughter to satisfy any partisan of humour. The removal of the explosives from the farm under the

eyes of the dashing enemy Captain Carvallo, played by Peter Rycroft, was surely one of the high spots of the play. Peter Rycroft combined a good stage sense with fine diction, making his performance most convincing.

War, especially the clandestine sort, seems hardly the place for the ladies, but Smilja Darde, played by Miss Ann Gordon-Watson, seemed to be making the most of it! Miss Gordon-Watson gave a mature rendering of a big and complex part which had the difficult task of creating the drama and perhaps even tragedy of the play's theme in the midst of the revels of the Professor, Caspar, Private Gross and Anni. A good deal of the success of the play was due to the fine support given by David Black as Gross and Rosemary Stephenson as Anni and Henry Poirier's amusing caricature of the Baron.

Good luck to the Dramatic Society and, to return to our botanical simile, may the fruits of their recent labours encourage them to flower more often for our enjoyment.

### A Gift of Medals

In the summer of the year 1881, there was held in London an International Medical Congress. It was under the patronage of the Royal Princes of the German and the British Empires, and Victoria's capital welcoming with pomp the great men of Europe and America, gave hospitality to virtuous and all-conquering science.

The band of the Coldstream Guards was magnificent in the afternoon sunshine when it played to the delegates in the garden of Mr. and Mrs. Spenser Wells. There was garden party after garden party. An excursion was made to Folkestone to see Harvey's statue unveiled. There was a trip down the Thames. South Kensington was the scene of a brilliant soirée, and on another evening there was a conversation. The Lord Mayor gave a banquet. The visitors inspected a flourishing sewage farm.

These pleasures did not interfere with the work of the congress. The president was Sir James Paget, "Consulting Surgeon to St. Bartholomew's Hospital," and the greatest surgeon of his day. His opening address discussed problems which are still those of our own time. "The fault of specialism," he said, "is not in its narrowness, but in the shallowness and self-sufficiency with which it is apt to be associated." The reports speak

of his gift for oratory, and of the spell of optimism he cast upon the delegates. None but a very great man would have been fitted to preside over that congress, for beside him were to stand Pasteur and Virchow. That alone seems fabulous. But Lister was there

The medals are on display in the library. Mr. Thornton has allowed us to reproduce a photograph of the design (on the other side is the Queen's head), which was by John Tenniell, the great cartoonist, and the illustrator of Lewis Carroll's books. Indeed, the



too, and Huxley and Bowman. It is not surprising that the delegates saw the future, with Science, if not actually riding forward as a Knight in Shining Armour, then driving onward as a Knight in an impeccable frock coat and silk hat.

In honour of this congress a medal was struck in bronze. Among those who received it was Sir James Paget, and by acclamation a special silver medal was voted to Lady Paget. These two medals have been given to the library by Mr. Humphrey Paget, a grandson of Sir James Paget. We are most grateful to him.

allegorical shrouded Death in the background shows the genius of the hand that drew the Cheshire Cat. The medal was by Wyon, one of a family who had been medallists since the eighteenth century when an ancestor was appointed chief engraver of the king's seal.

On the day that the congress ended, the delegates went to the Crystal Palace for the final celebration. There was a pyrotechnic display. The lofty night of Victorian London was surprised by sudden pictures hanging in the sky, firework portraits of Professor Langenbeck, Monsieur Charcot, and Sir James Paget.

### A Link with Abernethy

Mr. Ogier Ward writes, 'My great-grandfather, Charles James Beverly, F.R.S., F.L.S., was a resident pupil of Abernethy and in that sense a Bart.'s man. He became a naval surgeon and as such served under Sir John Ross in his north polar expedition of 1819-20, and under Sir Edward Parry in his polar expedition of 1827. For his researches in marine biology in polar regions, he was elected an F.R.S. in 1831. Abernethy bequeathed to him an excellent copy of the Bart.'s portrait by Sir Thomas Lawrence. This is of very much smaller size, and in respect matches the portrait of Mrs. Abernethy, also bequeathed to him which is reproduced in Mr. Thornton's interesting book on Abernethy. Beverly died in 1868.

This is a more direct if not quite such a close link as Dr. G. E. Deacon's whose father is believed to have done a locum for a professional colleague of Abernethy's. It reveals, however, a most interesting Bart.'s man of whom more should be known.

### Three Hospitals' Orchestra

*A correspondent writes:*

This orchestra, whose concerts have hitherto been given at St. Mary's, will give a full orchestral concert at Bart.'s on Saturday evening, December 19, at 7.30 p.m. We are very glad to have an opportunity of extending our hospitality to this orchestra whose members are drawn from St. Mary's, St. Thomas's and Bart.'s, and we have been allowed the use of the Great Hall for the performance. It is hoped that all those who are interested will come to this concert in its splendid setting.

We have been fortunate in securing as our soloist Miss Amaryllis Fleming who is a promising young British cellist. She has performed in promenade concerts and has recently been the subject of an article in "Picture Post."

The programme will consist of: The Overture to Mozart's Opera The Magic Flute; Elgar's Cello Concerto and Rachmaninoff's 2nd Symphony.

Those who went to the last concert held at St. Mary's know the high standard of which the orchestra, under the direction of its conductor Mr. Norman del Mar, is capable. Unfortunately at the last concert the Bart.'s audience was small.

Many more instrumentalists are needed from this Hospital. However uncertain you may be of your musical ability, do come forward and help; otherwise there is a real danger that the orchestra may become a "Three Hospitals' Orchestra" in name alone. Rehearsals are held on Thursday evenings and about three concerts are given each year.

### Christmas Cards

This year, for the first time in its history, the Abernethian Society has produced a Christmas Card for sale in the Hospital. It reproduces a print published in a periodical of December, 1875, and shows the police being worsted by Bart.'s students in a snow fight about the old Hartshorn gate—"The police and students of St. Bartholomew's Hospital. A fracas during the recent snow-storm"—is its subtitle.

These cards are on sale at 4s. per dozen, and are obtainable by application to the Secretaries of the Abernethian Society. There is nothing on the cards to indicate their source.

### Abernethian Society

It is hoped to establish students' evenings as a regular feature of the Society's programme, and students who would like to read papers are invited to get into touch with the Secretaries. The subjects chosen may range over the whole of medicine from interesting clinical cases to the History and Literature of medicine.

### Tenth Decennial Club

The Tenth Decennial Club Dinner was held at the Washington Hotel, Curzon Street, on Wednesday, October 14th. Mr. K. J. Acton Davis was in the chair and proposed the health of the club. Dr. R. R. Armstrong proposed the toast of absent friends.

The dinner was a most enjoyable one. Fifty attended out of a possible two hundred. The evening was very successful and showed the continued health of the club. It is hoped that those members who were unable to come this year will contribute to an even larger muster next year.



### Congratulations

to Prof. A. Wormall, conferred with the Honorary Degree of Doctor Honoris Causa of the University of São Paulo after he had organised the first Latin American Course on Radio-isotope Methodology.

to Prof. Sir James Paterson Ross, appointed to the Archbishops' Commission on Divine Healing.

### Change of Address

The following Bart.'s men have sent us new addresses :

W. B. Christofferson, Gable Hurst, Wroxham, Norwich.

R. E. Frears, 14 Park Terrace, The Park, Nottingham.

Kemball Price, 4 Palmeira Square (East Side), Hove, 3.

S. W. Savage, "Shepherd's Hey," Sheepwood Road, Brentry, Bristol.

F. W. Shepherd, Dryclough House, Crosland Moor, Huddersfield.

F. A. H. Simmonds, Cromdale, Barnet Road, Arkley, Barnet.

J. W. Trevan, 169 Woodside Green, S.E.25.

### Tapeworms and Ladders

This cheerful medical variant of Snakes and Ladders which featured in last February's issue of the *Journal* can be obtained from the Manager, price 1s. 3d., post free.

### Errata

Our apologies to Dr. J. D. Andrew and Dr. J. F. Andrewes for having announced the former's Polar Medal as awarded to the latter.

Our apologies also to Mr. A. K. Thould for a serious misprint in his article 'A Case of Jaundice in Infancy.' Lines 33 and 34 should read : with anti-rhesus sera C and D, but not with E and c.

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## SO TO SPEAK . . .

### Bart.'s Conservatism

One patient died of aplastic anaemia, an occurrence which led to the abandonment of the treatment.

—A. W. Franklin and L. P. Garrod in the *B.M.J.*

### Heard in Psychiatric Out-Patients

During the interview he was wearing sand shoes and appeared down at heel.

—*Cobblers of Souls.*

## NOT YET DIAGNOSED

by R. R. PREWER

ONE often hears of haunted manor-houses, castles and rectories, but I cannot remember hearing of a haunted doctor's house—and in the middle of a town at that. We came to live in this rambling old house nearly six years ago; and in spite of its draughts, inconvenience and coldness in winter we have been happy in it. The house stands within the close of an ancient cathedral, and presents a Georgian façade to the tourists who flock there in the summer; but the back of the house is much lower and older, and contains all sorts of nooks and crannies—including what seems to be a small room which has been walled up. There are three floors, the top one consisting of attics—three in the front and two in the back; but in order to get from one lot of attics to another, you must come down to the first floor.

I am the fourth doctor who has lived in the house. My predecessor was here for about five years, but the other two were here for shorter periods. When the wife of the outgoing tenant was showing me over the house, she made a mysterious reference to footsteps in one of the back attics, for which no cause had ever been found. This aroused my attention; for, although I am not very interested in psychical research, I had followed the happenings at Borley Rectory over a number of years. She told me that both she and her husband were awakened in the early hours of the morning on one occasion by a noise in the attic directly above their bedroom. Shortly afterwards, while they were both wide awake, they distinctly heard heavy footsteps cross the floor above, going from the top of the stairs towards the smaller attic which opened off the first. As they entered the inner attic, the sounds ceased abruptly. Both the doors which led to the attics were kept locked, and there was a heavy cupboard blocking the kitchen entrance to the back stairs; so they were completely at a loss to account for this intrusion. The doctor himself gave me an identical account of the incident about four years later. He had made no attempt to investigate at the time, but daylight showed no trace of disturbance in the attics, which were dusty and empty as

usual. But he told me that his predecessor in the house, Dr. N., had given his opinion on a previous occasion that the house was haunted; but what Dr. N.'s grounds were for reaching this conclusion, he did not know.

There was so much to do and arrange as we moved into the house that we did not pay much attention to this story at the time. But after he had been there about a week, my wife told me that she had heard footsteps in the attic above our head—the very same one where they had occurred before; and they went in the same direction. Next morning my sister-in-law told us that she, too, had heard footsteps in the night above her room—she was sleeping in the front of the house; she said that it reminded her of the slow, measured tread of a policeman on his beat. As it happens, policemen do not pass this house at night; the nearest point patrolled, which is some considerable way off, is visited by a man on a bicycle. We have had very few mice in the house, and no rats indoors; and there are no trees which might brush the roof of that end of the house. Neither are there any movable objects in the back attics, which are unfurnished and not even wired for electricity.

My wife has heard the footsteps on several occasions since that first week, always about the same time of the night and (with one exception) almost identical. But on one occasion she heard a sound as of somebody shuffling about, terminating in a dull thud, as of a heavy sack being dropped. I have never heard these sounds myself, as I am a heavy sleeper; and before I can be sufficiently aroused to listen, they have always ceased. But one winter night, my son aged ten was temporarily sleeping in our room, and ran downstairs a few minutes after going to bed to tell us that there was somebody moving about in the attic above. He said that, among other sounds, he had heard a noise such as might be made by dragging a big bundle of sticks along the boards. I ran upstairs immediately, and was just in time to hear something (I could not put it higher than that) above me, followed by what sounded like a door being slammed.

Actually, the door leading into the first attic is permanently jammed open, so that it could not have come from that.

All these phenomena, with the exception of the footsteps heard by my sister-in-law, occurred in the back of the house. But one summer evening, when it was quite light, my wife happened to go into the room under the middle front attic. She was surprised to hear what sounded like a box or packing-case being dragged over a gritty floor in the room above. This room was unfurnished, and the floor was not gritty; and of course there was nobody up there.

Increasing familiarity with the house, and the increasing rarity of the noises, tended to push the "haunting" to the back of our minds. But one day not long ago, without the matter having been mentioned by me, a patient told me that her mother had rented the house for several years before the first doctor came to live in it. When she and her mother were looking round the empty house, and were standing in the kitchen, the long row of old-fashioned bells (which have since disappeared) all started ringing together; there was no explanation of the phenomenon. Later, towards the end of their tenancy, they both heard noises on many occasions in the two front attics furthest from the stairs. The intrepid old lady went up alone again and again, but never found anybody there. The sounds were identical with those which might have been made by somebody walking about. My patient also told me that long after they had left the house she met somebody who had been one of the maids in the house in the early years of this century. This person told her, without any

prompting, that nobody would sleep in the two end attics in her time, because they had frequently heard someone moving about there. At one time there seem to have been half-a-dozen servants in all, but none of them would share a room with "The Lady," as they called it.

If these phenomena were isolated, they would not amount to much; but bell ringing, shufflings, dragging sounds, and footsteps, for which no satisfactory explanation has been forthcoming, have been heard on and off for hundreds of years, and in places as far apart as Borley and Bengal. Lord Horder used to tell his Clerks that they must lay the ghosts as they came to them; but I think he was referring to the mysteries of medical diagnosis, and not to those which disturb haunted houses. At any rate, after reading up the opinions of the experts one is none the wiser as to the real cause of the noises, and the ghost remains unladen. Are they hallucinations—that is to say, perceptions experienced in the absence of appropriate peripheral stimuli? Or are they illusions—perceptions due to the wrong interpretation of actual stimuli? Psychiatry does not give the answer. Calling the disturbing influence a poltergeist does not get one very much further, because it merely raises the question, What is a Poltergeist? Meanwhile I just don't know what makes the noises in the attics, while hoping that there is some purely physical explanation, if we could but find it. For, as C. S. Lewis wrote in "The Problem of Pain," "No one is afraid of what a ghost may do to him, but of the mere fact that it is a ghost." And on that seasonable note I will cease.

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TO ALL OUR READERS—A VERY HAPPY CHRISTMAS!

## MUSIC AT ST. BARTHOLOMEW-THE-GREAT

by PAUL STEINITZ \*

AN account of music at St. Bartholomew's falls naturally into two categories: the music which is sung by the regular Choir of the Church at the Sunday Services; and Recitals and Oratorio performances by the London Bach Society.

There is one guiding principle (though certainly not a hard-and-fast rule) running through my choice of music which is played or sung in this beautiful and unique building, and that is that emphasis shall be on music which was originally intended to be sung or played in Church; even though personal tastes come into it, this principle happily admits of a very wide interpretation. It simply means that I am less interested in arranging instrumental recitals than I am, for example, in organising private rehearsals—purely for pleasure—of Bach's Church Cantatas: the latter demand a Church for their proper setting, whereas the former are equally effective in other buildings. This is not, however, to suggest that I should never arrange instrumental concerts at the Church, should circumstances seem favourable.

To tell something of the work of the Church Choir first (for although it may be smaller in scope, it is obviously of prime importance): I took over the work of Organist and Choirmaster (or Master of the Choristers, as I believe the post was called, although there were no choristers), in March, 1949; I found a quartet in being which sang regularly, and a larger group of people, most of whom belonged to the "Old Choir" from the days when there were choristers, singing about once a month. Any new ideas had, of course, to be realised through the medium of the quartet; I wanted to extend the scope and amount of the music to a greater extent than could be done by four people, however keen and willing (and they were keen and willing) and so it was not long before we increased the number to a double quartet of eight singers. This was achieved through the co-operation of many people, but chiefly by that of the original four accepting a smaller amount towards their travelling expenses in return for a greatly increased

repertoire! These eight singers later increased to nine, and at one time rose to 10, the constitution of voices being three sopranos, two altos, two tenors and two or three basses. Choir practices take place on Sundays, before Morning Service and after Evensong; this makes a long and tiring day, but is the most convenient arrangement where a group of very busy people is concerned, many of whom live a considerable distance from the Church.

The type of service we sing might be called a miniature or chamber version of a normal cathedral service—that is to say, we sing a setting of one canticle in the morning, and of both canticles in the evening, and an anthem at each service; it is also 'miniature' in that we avoid the long, flamboyant anthems and settings which sometimes appear in cathedral music lists; but more of this later on. We actually established this type of service three or four months after I took over, and in order to avoid too frequent repetitions the choir had to work tremendously hard. I cannot imagine a more hard-working group of people, and I am glad to say that most of the original members are still in the choir. In addition to long Sunday evening practices, we often had extra rehearsals, perhaps on a Sunday afternoon or week-day evening at the house of one of the members. Any new music was always taken home and learnt; and members still take home new works. This high pressure was necessary, because I introduced an average of at least four new anthems or settings a month for the first year or so. After that, we could have sat back a bit, as we had a big enough repertoire to avoid repetitions within three or four months; but instead, we began tackling more difficult works, including moderns. These were probably often too difficult, and the standard of singing suffered, but I think it was worth enlarging the scope of the repertoire all the same.

What sort of music do we sing on Sundays? In choosing it I always try to think of what will be in keeping with the Church; this sounds obvious, and perhaps it is, but

\* Organist of St. Bartholomew-the-Great



ST. BARTHOLOMEW-THE-GREAT. AN 18TH-CENTURY PRINT.



what it amounts to is this: an emphasis on Tudor music, which in any case provides most of the finest church music we have, with as much pre-Tudor polyphony and plainsong as seems practicable (unfortunately it is not practicable to get quite as far back as music contemporary with the founding of the Priory), together with the best of all other periods. Actually we do not sing very much 19th-century music, the thick texture of much of which doesn't seem to suit either the building or our slender resources, but we do sing a fair number of contemporary works not in the usual cathedral music lists, and have in fact given quite a number of first performances. I feel that to ape a big cathedral service is pointless, seeing that all the big standard works can be heard better sung round the corner (St. Paul's); we therefore concentrate on *simple* plainsong settings, the shorter polyphonic works (e.g. settings by Causton, Gibbons, Hunt, the Farrants and so on)—though I have an ambition to attempt part at least of Byrd's 'Great' Service one day—some Purcell, the slighter anthems of S. S. Wesley, Ouseley and Crotch, with a very little Stanford (the Evening Service in G being the only setting), several Bairstow anthems, Britten's *Te Deum* in C, Herbert Howell's new *Te Deum*, and so on. Some of the choir protest at Crotch, Wesley and Ouseley, but I dictate to them nevertheless (which they like while pretending not to), as I do not think one should omit the best of any period. We do not make a point of sticking to the English Church Music tradition, but in addition to well-known music by Palestrina, Lassus and Victoria, we have sung works by Josquin des Prés, Schein, Schütz and Stravinsky and others. During one winter, we did a series of Bach Cantatas at Evensong; this taxes the resources of the choir to the uttermost, and provoked some opposition, but was much appreciated by the very large congregations which came on those occasions. The choir has done much work extra to the Church Services, including three Festival of Britain concerts, a broadcast in the Third Programme, two broadcast Choral Evensongs, and a broadcast Mattins for B.B.C. Transcription Service; also recitals in many other places (Reigate, Berkhamsted, Bedford, Huntingdon, etc.). In this connection, mention must be made of the splendid work of Charles Farncombe, who was my valued assistant for four years 1949-53.

Now to turn to the music which my London Bach Society makes in St. Bartholomew's. This Society was founded by me in 1946-47, and was fairly well established when I went to the Church in 1949. We gave a number of unaccompanied recitals there during the following year or so, and broadcast from the Church once or twice; these programmes consisted of Motets and Masses by Palestrina and Lassus, Motets by Schütz and Bach, and modern works. It was not, however, until the Festival of Britain in 1951 that we attempted a major choral and orchestral concert in the Church, when we gave a programme in conjunction with the Riddick String Orchestra which included Bach's Church Cantata No. 150 and a Brandenburg Concerto. We placed the choir of about 50 in the choir-stalls and the orchestra in front. The combined forces were extremely successful as far as the listeners were concerned, but less so for the singers and conductor, for we had not then discovered the best disposition of an orchestra and choir in the Church so that the performers themselves could hear what they were doing. It wasn't until March, 1952, that we discovered the real potentialities of the Church for full-scale Oratorio performances, when we took the plunge and with enormous preparation gave Bach's St. Matthew Passion there (incidentally for the first time in London complete and in the original German). These preparations included bringing in 500/600 chairs (still a major problem and a financial burden), putting in extra lights, numbering seats, etc. We placed the not inconsiderable forces (60 choir, 30 orchestra, plus Soloists and Ripieni) in the Sanctuary and in front of it—if they had been anywhere else there would not have been room for the congregation. The performance was amazingly successful; to conductor and hearers in all parts of the building the work had perhaps never before sounded so wonderfully clear in texture or so rich in tone quality; and every aspect of the Church enhanced the spiritual qualities of the work. There were still difficulties of placing Soloists and Ripieni and so on; but probably every building has some drawbacks, though none such tremendous advantages for music as has St. Bartholomew's. Since that day the Society has made its permanent home there, and although the limitations of seating make the economic problem very great, we believe that these will

gradually be overcome, and that to make music there is worth every financial effort that is necessary. For example, it costs practically as much to present a full-scale choral or orchestral work in a building seating 900 (St. Bartholomew's) as it does in a place accommodating 2,500, although the possible takings from tickets or admission programmes are so different; in 1952 we lost nearly £300 on the St. Matthew in St. Bartholomew's; last year this was reduced to just over £100; next year, if our venture of two performances proves to be justified, we may still further reduce the loss.

Of modern works given in the Church by the Society during the past couple of years, one may mention the first performances of the Mass for Unaccompanied Voices (Anthony Milner), Two Songs of David (Francis Burt), Mass of St. Andrew (Newell Wallbank), and Song of the Soul (Rubbra), the last specially written for the Society; in addition, such interesting works as Alan Bush's Winter Journey and Rawsthorne's Canticle of Man were heard last season.

The Society has broadcast from the Church many times, last winter the main works being Schütz's *Musicalisches Exequiem*, Bach's Motet *Komm, Jesu, Komm*, and the Milner Mass. It may also interest my readers to know that in the Church we made about 50 of the Hymn Recordings used by the B.B.C. for "Five to Ten" in the Light Programme.

As to the future, our hopes for next year, St. Matthew Passion (19th and 20th March) have already been mentioned. Perhaps the most exciting, as well as one of the most im-

portant events in the history of the Society and the musical history of St. Bartholomew-the-Great, will be the performance of Bach's great Mass in B Minor on June 15th, 1954; the sound of trumpets and drums, in addition to the usual Bach orchestra of woodwind and strings will be, I know, quite shattering; the B Minor Mass is exhilarating anywhere, but in St. Bartholomew's it must be overwhelmingly so.

In all my so-pleasurable musical activities connected with St. Bartholomew-the-Great, one single factor has counted above all others; and that is the unfailing co-operation of the Rector. Himself a Doctor of Music, one might have expected to encounter at least a certain amount of criticism and opposition. Far from it: he has understood all the difficulties of the routine work of the Church Choir, and given full support without ever intruding; and has made my Bach Society welcome in the Church with all possible generosity, although the place is turned upside-down for the big concerts. It gives me great pleasure to pay my tribute to him here—behind his back, as it were; for he dislikes any spoken expression of thanks so much that he will talk about something else at once if one tries to say it to his face.

In conclusion, I will state two, out of many, ambitions regarding music in St. Bartholomew's: the first is to have a real London Festival of (mainly Church) music regularly centred there; and the second is to give all the hundred and ninety-eight Bach Church Cantatas there, spread over a number of years and in their proper seasons, and preferably during Church Services.



To the hands of the diver  
The gains of the tide;  
To the eyes of the bridegroom  
The face of his bride;  
To the heart of the dreamer  
The dreams of his youth;  
For me, O my Master,  
The rapture of Truth.

SAROJINI NAIDU—poetess and  
politician of India, at her death in 1950 Governor of the United Provinces. Quoted at the  
recent World Conference on Medical Education.

## MYXOEDEMA

by H.-J. B. GALBRAITH

THIS is a review of the case notes of 79 patients with adult myxoedema who were investigated in the wards of this Hospital at the time of their initial diagnosis. A patient was included in the series only if the clinical diagnosis was supported by at least one confirmatory investigation. In those cases which were observed after discharge from hospital, confirmation was also given by the satisfactory response to treatment with Thyroid. Cases of hypopituitarism were excluded. The survey covered a period of seven years.

Fifty-seven patients were suffering from spontaneous myxoedema, the myxoedema followed thyroidectomy in 17 and in five was associated with Hashimoto's disease. The incidence of post-thyroidectomy myxoedema in this series is abnormally low because many such patients are diagnosed and treated as outpatients, without the diagnosis being confirmed by inpatient investigation.

### (1) Spontaneous Myxoedema

The 57 cases comprised 52 women and five men; the ages at the time of diagnosis varied from 26 to 77, one-third of the patients being between 50 and 59. The symptoms had been present for an average of  $2\frac{1}{2}$  years at the time of diagnosis. It was not possible in retrospect to compare the frequency of symptoms generally, but in view of the frequent assumption that hypothyroidism is a cause of obesity, the weight changes noticed during the period immediately before diagnosis were of interest.

Of 53 patients about whom such information was available, only 26 had noticed increasing weight and nine believed that they had lost weight. Another approach to this problem is that of Plummer (1940), who compared the weights of untreated myxoedematous patients with the average weights of other persons of the same sex, age and height, the latter figures being obtained from the routine medical examination of proposers for life insurance. Using this method, it was found that of 49 cases of spontaneous myxoedema, 31, or 63 per cent., were above average weight and 18, or 37 per cent., were of or below average weight. The mean actual weight of these cases was 13 lb. more

than the mean normal weight. These figures correspond very closely with those of Plummer. It is of some interest that in those patients who were grossly overweight, the obesity had been present long before the onset of hypothyroid symptoms.

Of these 57 cases, studied in an area where simple goitre is not endemic, the thyroid gland was palpable in 10 patients, a goitre of any size being present in only five, of whom two were suspected of having Hashimoto's disease. In the complete group of 79 cases a goitre was present at the time of diagnosis of myxoedema in eight patients, of whom three certainly and two probably had Hashimoto's disease.

In some cases of myxoedema with hypertension, lowering of the blood pressure occurs with Thyroid therapy, hypertension is not, however, a common feature of the disease: only 17 of the 57 cases in this series had readings of 160/90 or higher.

Of 35 women with hypothyroidism of all types, who neither were post-menopausal nor had had a hysterectomy, menorrhagia was present in 17 (49 per cent.), amenorrhoea in three (9 per cent.) and oligomenorrhoea in five (14 per cent.). This common and well-known association of myxoedema with menorrhagia should not allow other possible causes to be neglected: two patients thus affected had fibroids and one had a carcinoma of the body of the uterus.

Thirty-nine patients with spontaneous myxoedema had haemoglobin levels below 90 per cent. (Haldane); in those with levels between 70 per cent. and 90 per cent., the colour index (where estimated) was between 0.8 and 1.14 and many of these patients may have been suffering from the true anaemia of myxoedema, which is hyperchromic and usually not of great severity (Bomford, 1938). Sixteen patients, all women, had more severe anaemias with haemoglobin levels from 20 per cent. to 69 per cent. and with much lower colour indices suggestive of iron deficiency, eight of these patients had menorrhagia. True pernicious anaemia was present in three cases, having been diagnosed before the myxoedema developed in one case, afterwards in one and simultaneously in the third.

### (2) Myxoedema Strumipriva

None of the 17 cases of this group was grossly underweight and there was a mean weight excess over the average normal weight of  $8\frac{1}{2}$  lb. The term Cachexia Strumipriva, originally given by Kocher in 1883 to the hypothyroid condition which may follow thyroidectomy, does not therefore seem very appropriate. The age and sex incidence probably depends on the age and sex of patients subjected to thyroidectomy, which was performed in every one of the present group of cases for hyperthyroidism. The symptoms occurred usually between two months and two years after operation, although in three cases they followed eight, 16 and 28 years afterwards respectively.

In five of these 17 cases, more than one operation on the thyroid gland had been performed, and in two cases subtotal thyroidectomy had followed a course of radiotherapy; as thyrotoxic subjects only rarely require repeated operation, this probably demonstrates a hazard of repeated thyroidectomy which is not often stressed.

### (3) Hashimoto's Disease

Only five patients suffering from this condition are included in this series. In two, the myxoedema developed after thyroidectomy had been performed. As with myxoedema strumipriva, the incidence of myxoedema as a result of Hashimoto's disease is probably higher than these figures suggest.

### Confirmation of Diagnosis

In myxoedema, substitution therapy will have to be continued until the end of the patient's life, and effective therapy will eliminate all signs of the disease. It is not uncommon therefore for the patients or their subsequent medical attendants to doubt the initial diagnosis, especially if this has been made on solely clinical grounds. The cessation of treatment which may follow this disbelief is, however, not followed by gross symptoms or signs of myxoedema for one or two months and a similar period will elapse before the recommencement of treatment is followed by complete remission of symptoms. To prevent this unnecessary period of invalidism, even though mild, it is essential that the clinical diagnosis of myxoedema should always be supported by confirmatory investigations.

The most generally used investigation is the estimation of the basal metabolic rate. If figures of -20 per cent. or below are accepted as being significant, this method confirmed the diagnosis in 60 (81 per cent.) of 74 cases in this series.

The serum cholesterol is the other investigation most commonly used, a figure of 250mg. per 100ml. or over being suggestive of, but not specific to, hypothyroidism.

The electrocardiographic abnormalities (bradycardia, low voltage complexes and flat or inverted T waves) which improve and usually disappear with treatment, provide another valuable but relatively little used confirmatory test. In the present series, confirmation of the diagnosis was obtained by the estimation of the serum cholesterol in 72 per cent. of the 64 cases in which this test was used, and by the electrocardiographic changes in 80 per cent. of 51 cases. In the 44 cases where both these latter tests were used, confirmation of the diagnosis was obtained from one or the other test in 91 per cent.

In only seven cases was a radio-iodine uptake study made to confirm the diagnosis. Undoubtedly this test and possibly the estimation of the serum protein-bound iodine will be used more frequently in the future, as the results obtained depend more specifically on thyroid activity than do those of the first three investigations mentioned.

### Treatment

The daily dose of Thyroid used in the maintenance treatment of these patients varied from one to five grains, although one patient was receiving nine grains. The average daily dose was three grains, but it would appear that many patients were kept slightly hypothyroid. Treatment in many cases lapsed, this might have been prevented by more enthusiastic outpatient supervision.

### Conclusions

Myxoedema may be spontaneous, may follow thyroidectomy, or may be associated with Hashimoto's disease, the frequency of these forms being probably in that order.

Spontaneous Myxoedema is 10 times more common in women than in men and is most commonly diagnosed in the decade 50 to 59. Gain in weight is a symptom in only about half the patients, but in about two-thirds some excess of weight is present, although this is rarely gross. In women still capable

of menstruation, menorrhagia occurs in half the cases. Marked anaemia is usually of the iron-deficiency type.

Myxoedema Strumipriva is more likely to occur after repeated thyroidectomy.

Hashimoto's disease should be suspected whenever hypothyroidism is associated with a goitre.

The clinical diagnosis of myxoedema should always be confirmed by a special investigation. E.C.G. tracings taken before and after treatment with Thyroid and estimations of the serum cholesterol (both of

which tests can be performed without admission to hospital, in contradistinction to B.M.R. estimations) will, between them, provide confirmation in over 90 per cent. of patients.

The daily dose of Thyroid required in myxoedema rarely exceeds five grains.

My thanks are due to the Medical Council for permission to publish these figures.

#### References

- Bomford, R. (1938) *Quart. J. Med.* **7**, 495.  
 Kocher, T. (1883) *Arch. klin. Chir.* **29**, 254.  
 Plummer, W. A. (1940) *Trans. Amer. Ass. Goiter*, p. 88.

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### 'GUNPOWDER, TREASON AND PLOT'

Please to remember the Fifth of November,  
 The night of the rag and the spree;  
 When medical students displayed the imprudence  
 To clash with the powers that be!  
 When baulked of the bonfire they should have set on fire  
 At some place or other elsewhere,  
 They promptly paraded in force, and invaded  
 The precincts of Parliament Square.  
 This was unprecedented, and might have prevented  
 M.P.s from performing their job!  
 Policemen on hosses assembled in posses  
 To deal with the turbulent mob.  
 Then long angry leaders, and letters from readers  
 Appeared overnight in The Times,  
 While the Bow Street exchequer—that revelry wrecker—  
 Collected large sums from the 'crimes'.  
 A similar crisis on Cam or on Isis  
 Would scarcely have ruffled their banks,  
 But in London the Town is not used to the Gown,  
 And resents undergraduate pranks.  
 Amid much confusion the common conclusion  
 Was: "Boys will be boys, and must play;  
 "But please to remember another November  
 "To do it a different way!"

R.B.P.



## BRUCE CLARKE

### A NOTE IN RETROSPECT

by H. S. CRICHTON STARKEY

It is inevitable in the case of men of outstanding personality or achievement that, after death, stories and legends should be associated with their names, some based on fact, others pure fiction.

This has been noticeable in recent years with regard to a former Senior Surgeon of

had he lived during Wellington's campaigns. When I was his house-surgeon, if he was wanted urgently at night, a hansom cab had to be sent to convey him from Harley Street, and after one such emergency, resting in my room, he talked about the conditions prevailing at Bart.'s when he entered as a



Bart.'s, Mr. Bruce Clarke, universally known as "The Bruiser" owing to an incident which occurred on his way home from hospital, too well known to need repeating.

It would be nonsense, even by standards of the beginning of this century, to claim that he was one of the hospital's great surgeons, but his courage and resource in emergency might have earned him a lasting reputation

dresser. Major operations were mainly amputations and removal of calculi, it was considered almost certain death to open the peritoneum. The operations were carried out in a large, bare boarded room, in 1912 still in use as a gymnasium and store, the surgeons wearing old blood-stiffened frock coats which it was contrary to etiquette to clean. In the corner of this "Theatre" was

a cupboard with balls of strong twine, a pair of scissors, and some lumps of beeswax, and into the framework a stout nail had been driven. On operating days the dresser on duty cut lengths of twine about two feet long, made a loop one end which was slipped over the nail, and holding it taut rubbed in the beeswax. These were the "ligatures" for bleeding vessels, the flaps were left open for the subsequent drainage of "laudable pus." Rounds in the wards must have been fearsome. The procession was led by the surgeon with his house-surgeons (these had to pay for their appointment, so an avaricious surgeon might have a number), next two beadles bearing on a kind of stretcher a charcoal brazier with cauteries sticking in the red hot contents, and after these the sister, dressers and nurses. The patients lay with cradles over the limb, and when the bedclothes were raised the open stump was exposed with the beeswaxed strings hanging out. The surgeon pulled on these tentatively one by one, and if all went well they came away from the sloughed end of a clotted artery, but sometimes there was a gush of blood and instantly a house-surgeon snatched a cautery from the brazier and plunged it expertly into the wound. The Bruiser had indeed travelled a long road to his sterilised theatre combined with antiseptics . . . he never could quite give up the latter, always touching an appendix stump with pure Izal and washing out the peritoneal cavity after a laparotomy with a strong, hot solution of the same disinfectant. He wore rubber gloves but was never happy in them, and if anything was really difficult tore them off almost unconsciously. Bruce Clarke only liked the simplest of instruments, and his standard tray contained scalpels, probes, dissecting forceps, Spencer Wells and retractors. Someone once said that "Charles Barrett Lockwood's tray looked as if he proposed to castrate a kitten, and Bruiser's as though he was going to eviscerate an elephant" . . . an exaggeration but he *did* like man-size tools. Owing to early training, when anaesthetics were crude and uncertain and speed all-important, his surgery was sometimes dramatic. Picture the removal of a kidney. The unconscious patient lay on a small mound of sandbags so that the loin was stretched and exposed. Bruce Clarke took a large scalpel, made one long sweeping incision, the flesh gaped like a carved leg of mutton, and usually the kidney in its

perinephric fat lay visible at the bottom of the wound, while artery forceps were being hastily clipped on. It was a tour-de-force of dexterity and skill, and even if it was considered a justifiable practice, I doubt if many modern surgeons could accomplish it with a scalpel.

The strength of his forearms was phenomenal and under perfect control. One day it was necessary to fracture an adult man's leg to straighten it. Gordon Watson as Surgical Registrar was in the theatre, and Jack Burn, who had recently rowed in the stern four of two winning Cambridge crews, was a dresser. Bruiser then over 60, called out "Watson, come and break this leg for me." Gordon Watson strained till purple in the face with no success. "Here, Burn, you're a strong man, you have a try"; the bones still remained intact. Bruce Clarke lifted the leg in both hands, thrust out his lower lip and jaw, looked at the ceiling, gave a quick flick with his wrists, there was a sharp crack, and he retired leaving them to splint the limb in correct position. Yet I never remember seeing man or woman wince during his examination, and once when myself the patient the reason became apparent. It recalled the sensation once experienced when being handled by a blind masseur . . . the firm, gentle fingers seemed to think their way over the tender area, inducing an almost hypnotic feeling of confidence and relaxation. One last reminiscence. A man, after long consultations with physicians and surgeons, was admitted to Sitwell Ward with a large aortic aneurism. He was middle-aged, had been a regular soldier, and had suffered from the, then, almost universal military disease of syphilis. Bruce Clarke (this was over 40 years ago) thought he saw a possible method of operation. He sat on the man's bed and said, "Jones, there's a big blood vessel near your heart which has got stretched and may burst any moment. I think there's just a chance I can repair it, but you may die under the operation. Will you risk it?" Without a second's hesitation Jones replied, "Yes sir," and held out his hand which Bruiser clasped for a long minute. The next Wednesday the theatre was packed. Bruce Clarke was assisted by other surgeons, and the anaesthetic was administered by the imperturbable "Cocky" Boyle. I haven't the faintest idea what was done, for one visitor was a volatile little Russian, whose name we thought was Popoff.

He was provided with a theatre stool to stand on, and as humble dressers we had to take it in turns to hold him from behind for safety, because in his excitement he kept jumping up and down. The man survived without hæmorrhage till next day and died, apparently from shock, a fate which modern transfusions and post-operative treatment might possibly have averted. Bruce Clarke was a member of almost every committee and if anyone had a difficult problem they instinctively turned to him for sound commonsense advice.

All his successive house surgeons failed to discover why, despite all existing precautions, so many "clean" cases became septic, and it was only at the end of his career that that brilliant pathologist Dr. Mervyn Gordon found he had been suffering for years

with a mild streptococcal pyorrhœa, a condition not considered of such importance in those days. The too rapid extraction of teeth resulted in a fatal septic pneumonia, as it did with the Senior Surgeon of St. George's, who was his team-mate at *viva-voce* examinations at the College.

Bruce Clarke possessed to a high degree courage, honesty, shrewd judgment, and genuine kindness which were the attributes of great English gentlemen of his day and generation, so when stories are told of him which raise a smile, remember these were only incidents, sometimes a little embroidered, in the career of a man liked and implicitly trusted by his hospital patients, and remembered with life-long respect and affection by those who worked with and under him.

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## LETTERS TO THE EDITOR

### IF THE CAP FITS, WEAR IT

Dear Sir,

At the recent A.G.M. of the Students' Union the retiring Senior Secretary ended his report on the clubs by warning us that their sports, social and cultural activities were at a low ebb, and he made some trenchant criticisms of students whose sole use for the Hospital is as a warehouse of medical knowledge, from which they take their daily ration and depart. It was courageous of him to be the first to bring public notice to a situation which vexes many of your readers, particularly club captains and secretaries.

Put at its baldest, the sports clubs do not field enough teams nor win enough games, and what, for want of a better name, I must call the 'cultural' societies do not show enough energy nor attract the support that they might. There is no need to quote chapter and verse for this. The Senior Secretary's report contained only a few of the possible examples, and the subject has been the occasion for comment in the *Journal* before.

There is no reason to suppose that the students here are of different calibre from those in any other teaching hospital; so the fault must lie in ourselves. Undoubtedly, some of the blame for this can be laid on the club officials—some, but not much. Hauling a club up by its boot-strings is a thankless and difficult task, though it is at the same time a challenge to ingenuity and enthusiasm which has not always been met.

Most of the blame can be put on the students themselves. The plain fact is that there are some here who take no part in students' activities whatever, and there are many more who do very little. When Bart's held the rugger and athletic cups we could afford a few such people, but now that our fortunes are so low there is no room for such decorative students. It is not enough to play an occasional game of tennis at Chislehurst, attend the meetings of the Abernethian Society every now and again, and buy tickets for the Dramatic Society's play and the Pot-Pourri. It is not enough—and yet there are some who do not do even that.

It is for every student to search his conscience and to examine his own contribution to the various activities of the Students' Union, not just in the past, or for a few months, but *throughout* his medical education here. If a student cannot find an *active* place for himself somewhere among the clubs that abound, then one can only suspect his fitness to be a doctor.

There are three matters which are very relevant to this problem. The first is Charterhouse. Only 600 yards separate the Hospital from the pre-clinical Medical College, but for all the contact there is between the two, it might as well be 20 miles. This must be bad for the unity of the Medical College, which might do well to examine all possible ways of combining the teaching in the two departments. For the clubs the effect is disastrous, and is, moreover, exacerbated by the short-sighted habit they have of electing mainly clinical students as club officials. The term "Charterhouse representative" sums up the situation and emphasises the division. But when all is said and done, the fact remains that most Charterhouse students are poor supporters of the Union's clubs, which depend primarily on clinical students for support. As Charterhouse provides most of the clinical students of the future, the outlook seems to hold little promise.

I would like to press for support of a move which is already engaging the attention of the Council of the Students' Union. This is the admission to certain of the clubs of the Union, of nurses, physiotherapists and members of the Hospital lay staff. This has already happened in some other hospitals—whose social life puts ours to shame. The women's sports clubs and the cultural societies would benefit immeasurably. Numerous problems of finance, organisation and internal politics spring readily to mind, but I am confident that there are few difficulties which cannot be solved by a combination of imagination, co-operation and hard work. The infusion of this new blood might well be the making of some clubs which now languish for want of student support.

Lastly, Sir, I wonder how many of the senior staff realise how far the students' activities must have declined since their own day. I wonder also what they can do to help us in our predicament. Some students regard the vice-presidents of the clubs solely as a source of income when new equipment is

needed; but their true and far more valuable function is to give advice, help and encouragement. Never were these more needed than now. Many members of the senior staff are generous with their time and interest; many others have such demands from outside the Hospital as to make their continuing interest impossible. But I feel sure that if they realised how great was our need then more members of the staff would come forward with offers of help. They need not fear that students will interpret their interest as interference; the advice and encouragement of members of the staff are a boon to those clubs fortunate enough to enjoy them.

I feel confident that this letter only echoes what many students have themselves been feeling and saying for many months past. If it draws the attention of some readers (especially among the senior staff) to a problem which they possibly never realised existed, then it will have served its purpose. It is one which only we can solve.

Yours sincerely,

I. H. BACKHOUSE.

Abernethian Room.

### BREWING AT BART'S

Dear Sir,

The following extract from the Governors' Minutes for January 11, 1765, forms an interesting postscript to the article, 'Brewing at Bart's.' I only found it recently when looking for something else. It seems that the Governors were determined that the brewer should not be idle.

'George Rose to be Small Beer Brewer for the use of the Poor of this Hospital . . . he undertaking at his own costs and charges to provide and keep a horse . . . and to provide corks and what else is necessary for the Brewing (except Malt, Hops, Coals, Candles and Utensils) and also undertaking to draw and deliver out the Beer for the Patients, and likewise to keep the upper reservoir continually full of water for the use of the wards, and to dress the Millstone as often as there shall be occasion and do whatever else the Governors shall require of him, for which services he is to have his lodging at the brewhouse, and be paid a salary of

£35 p.a. and to have the profits to be made out of the yeast and grains arising from every Brewing . . . and the Renter to pay him £1 11s. 6d. for a livery to be worn by him."

We tend to forget, having a variety of drinks to quench our thirst, how essential were beer and ale to our forefathers. Water impure and probably unpleasant to the palate, tea and coffee unknown, people of Elizabethan and Stuart times drank wine if they could afford it, beer and ale if they could not. According to the diets of the XVII and XVIII centuries, patients were allowed three pints of beer a day. Later tea and coffee came into general use, but they long remained too expensive to provide here, and it was not until the mid XIX century that the experiment of giving tea to women patients was tried. It was successful and seven years later men also had it.

The Governors' powers, never restricted to a fixed number, of licensing ale houses gradually lapsed as the demand for pubs decreased, the inhabitants of the parish becoming fewer as their private houses were replaced by hospital buildings. The Bart.'s

scene has been probably quieter but less colourful without the taverns and their signs.

Yours faithfully,

M. VERONICA STOKES,

Assistant Archivist.

St. Bartholomew's Hospital, E.C.1.

### OARSMEN ENCOURAGED

Sir,

May I, though your columns, express, on behalf of the Boat Club, our appreciation of the support given on the towpath during the United Hospitals' Regatta, both by students and past and present members of the staff: it was a great source of encouragement. Perhaps in particular we noticed the Pathology Department who of late have poured wisdom on thinned benches, but who, far from taking umbrage, came down to Putney to investigate. We can only endeavour to return the compliment on the occasion of the Dry Bob Cuppers.

I am, Sir, Yours, etc.,

C. N. HUDSON,

Hon. Sec., S.B.H.B.C.

Abernethian Room.

## IN PRAISE OF . . . DANCING

*"Then turn not pale, beloved snail, but come and join the dance."*

—LEWIS CARROLL.

A RECENT article in the *Economist* contains the astonishing statement that, of all the "sports" which may be played or watched, that which attracts far more participants than spectators is Ballroom Dancing.

On further thought this should not cause surprise. For dancing is one of the most primitive modes of self-expression, shared by human beings with many other creatures. There is therefore little need to extol Dancing in the general, but we should like to convince readers that it is worth while to acquire a greater proficiency in the ballroom than most people are content to display.

For by no means all those who enjoy themselves on the ballroom floor dance in such a way as to get the satisfaction that could be theirs.

Many, indeed, only go to dances as a social duty and get little pleasure therefrom, either because they lack any sense of rhythm or the powers of co-ordination required by all who play physical games, or because they are incurably shy of the opposite sex.

Others enjoy these occasions not so much for the dancing, which is a secondary consideration, but rather for the jollification, the girls, their frocks, the music, the drinks—in



fact the Party Spirit. Some of them, who may never have had a lesson, are natural dancers. Some men who have good natural poise, move smoothly to music, and may unconsciously have copied steps from experts they have watched, and there are girls who also have good poise and "follow" instinctively. Their steps are mainly of their own invention, many of which may have been developed into the standard steps now taught. If these dancers enjoy themselves and look graceful the expert will not criticise, except to admire.

There are others who are unhappy at dances, and may even avoid them, because although they have "itchy toes" and long to float away to the music, yet are reluctant to venture onto the floor because they do not know how to dance properly.

To all, but to these last in particular, we can give the assurance that it is well worth while to take the pains necessary to become proficient, in fact, to take lessons. What game is there, in these days, which the amateur can expect to enjoy, even if he does not wish to excel, without the help of the instructor, the coach or the pro?

The Party dancer who is content to shuffle aimlessly about the floor, pushing or dragging an unfortunate woman with him, may be forgiven if he regards this as a poor sort of amusement, even if he is indifferent to the suffering he inflicts on his partner. It is revealing to watch the faces of some of the girls at these frolics. Such men are like a bunch of freshmen in a "crock" eight, and the remarks of your contributor "in praise of Rowing" would apply almost as well to these men. But the physical pleasure enjoyed by a couple of expert dancers, perfectly in tune, is of just the same quality as that felt by a trained oarsman. It must be admitted, however, that the parallel extends also to the disadvantages, the inclement weather on the river being matched by the hot and smoky atmosphere of the ballroom, both of which must, alas, be endured.

The purpose in teaching all dancing is, of course, to standardise steps and evolutions in such a way that any two persons who have

learnt them may be able to dance together with enjoyment even on the first occasion of meeting. The steps have been evolved from natural movements, rather than invented, and every detail in the "drill" contributes eventually to ease in the combined movement of two individuals.

Learning these steps is no child's play, however. The ideal to be attained is that of a couple moving smoothly, rhythmically and in perfect unison about the floor. This calls for correct poise, balance, timing and, in a room full of other dancers, a quick appreciation of the movements necessary to avoid collisions without interrupting the sequence. To acquire this skill is not easy, and some of the necessary practising may be drudgery, but it should appeal to all who take pleasure in striving to overcome difficulties. The similarity between learning to dance and learning to play golf is almost ludicrous. Stance, disposal of weight, position of head and shoulders, movement of hips, knees and feet, and the grip (dancing "hold") must all be correct, and all need to be thought of simultaneously, until they become automatic. And the result? One who has, on occasions, experienced both, may with truth say that the flow of a perfect dance with a perfectly matched partner gives just the same thrill as a perfect drive from the tee, and it lasts for the whole dance.

Much more might be said, to medical readers especially, about the value of dancing as a form of exercise, and of dance training as a method of rehabilitation—treatment without tears! When your contributor was a student at Bart's he got about with the aid of a stick as a consequence of severe wounds in both legs in the first world war. In justification of this article, and from behind the screen of anonymity, he thinks it is worth stating that in 1951 he reached the standard of gold medallist in the English Style of modern ballroom dancing, which is the equivalent of a pretty low handicap in golf. For this he will be ever grateful to his instructors, who could at times be as strict as any sergeant-major.



## SPORT

## BOAT CLUB

Wednesday, November 18, Putney.

**United Hospitals' Regatta. Senior VIII's Final.** *Surrey, Bart.'s; Middx., St. Thomas's. Lost to St. Thomas's by 3 feet. Crab Tree to Stone.*

This race was very closely contested. At the start Jennens took St. Thomas's into a lead of  $\frac{1}{4}$  length. Bart.'s striking some two 'pips' higher held on round the Fulham bend, and at the Football Ground St. Thomas's spurred ineffectively and Bart.'s drew level. Approaching the Black Buoy, Rothwell-Jackson took advantage of the stream to greater effect than his opponent, and Bart.'s gained a lead of about  $\frac{1}{4}$  length. All the way from Thames R.C. Jennens and Fairbairn both pushed the rating up until at London R.C. St. Thomas's were striking 37 to Bart.'s 39, with Bart.'s hanging on to a lead of a few feet. Then Jennens, with the finishing spurt of which he is a master, literally drove his crew into the lead to snatch the race. They were two crews that had been absolutely cleaned out that paddled back to the Hard.

Crew: D. A. Chamberlain, bow; 2, J. M. Gray; 3, C. C. H. Dale; 4, J. F. Pigott; 5, D. H. Black; 6, G. F. B. Birdwood; 7, C. N. Hudson. D. Fairbairn, stroke; R. L. Rothwell-Jackson, cox.

Coaches: R. P. M. Bell, C. W. Scott, J. H. M. Ward.

**Junior VIII's. Mile Post to Stone. Heat 1:** *Won by Bart.'s II by  $\frac{3}{4}$  length. Middx., St. Thomas's II; Centre, Bart.'s II; Surrey, London I.*

In this heat Bart.'s II were against the same crew that beat them last year, after an early short lead they increased it to  $\frac{3}{4}$  length.

**Final. Surrey, Guy's I; Middx., Bart.'s II.**

Bart.'s II led from the start but both crews got well out of the stream, though Bart.'s probably lost more ground and the final distance was  $1\frac{1}{4}$  lengths, having drawn away after the Football Ground.

Crew: J. L. Struthers, bow; 2, T. A. Evans; 3, M. D. Burton; 4, R. J. Knight; 5, G. D. Langham; 6, R. W. Beard; 7, J. D. Salmon. B. P. Harrold, stroke; M. Killity, cox.

Coach: J. H. M. Ward.

**Senior Fours. Mile Post to Stone. Heat 1: Won by Bart.'s by 3 lengths. Middx., Bart.'s; Surrey, Middlesex.**

This was rowed just after the turn of the tide in considerable swell. Off the start, stroke had a small shipwreck, followed by bow with a larger one. Luckily this condition affected Middlesex also, who at once steered into Bart.'s water. After some altercation, Middlesex returned to their station some  $\frac{1}{4}$  length in rear, only to be followed by Bart.'s. There was some danger of a foul, the situation being saved by Gray who spurred and drew clear. Bart.'s going on to establish a commanding lead, the only virtue in the race being the victory.

**Final. Surrey, Bart.'s; Middx., Westminster; St. Thomas's scratched.**

Bart., being tired, rowed better and kept to their own station. Westminster stayed with them while the bend was in their favour, but from the

Black Buoy dropped gradually 4 lengths in rear.

Crew: C. N. Hudson, bow; steers, 2, J. F. Pigott; 3, D. H. Black. J. M. Gray, stroke.

**Junior IV's. Mile Post to Stone. Heat 1:** *Middx., Bart.'s A; Centre, St. George's; Surrey, Bart.'s B. Won by Bart.'s A by  $1\frac{1}{2}$  lengths over St. George's.*

A very good race by a crew with little experience.

**Heat 2. Middx., London; Centre, Bart.'s C; Surrey, Guy's. Won by Bart.'s C by  $1\frac{1}{2}$  lengths.**

London established an early lead with clear water, but Bart.'s came back at the Black Buoy to win.

**Final. Middx., Bart.'s A; Centre, Bart.'s C; Surrey, St. Thomas's. Won by Bart.'s C by  $1\frac{1}{2}$  lengths.**

Bart.'s C went into the lead from the start and maintained this over the course. This was the second event won by this crew.

Crews: A: D. J. C. Davies, bow; 2, T. W. Bolton; 3, P. Fenn. O. P. Ormerod, stroke; C. J. W. Cocker, cox. Coach, R. I. Simpson.

B: L. J. Farrow, bow; 2, A. D. Ellison; 3, D. A. Pollard. M. I. Noble, stroke; D. S. Price, cox. Coach, E. J. G. Rossiter.

C: G. D. Langham, bow; 2, R. J. Knight; 3, J. D. Salmon. B. P. Harrold, stroke; R. L. Rothwell-Jackson, cox.

**Junior Sculls. Mile Post to Stone. Heat 1:** *Middx., Middlesex; Centre, Bart.'s B; Surrey, St. Thomas's B.*

Bart.'s B went straight into the lead and won from St. Thomas's.

**Heat 2. Middx., Guy's; Centre, Bart.'s A; Surrey, St. Thomas's A.**

*St. Thomas's A won over Guy's and Bart.'s A.*

**Final. Middx., Bart.'s B; Surrey, St. Thomas's A.**

St. Thomas's led  $1\frac{1}{2}$  lengths to Black Buoy but a good spurt took Bart.'s into the lead and he won the verdict easily.

Scullers: A: D. J. C. Davies; B: R. W. Beard.

**Rugger Fours. Beverly Brook to London R.C. Pole.**

Crew: R. Thom, bow; 2, J. M. Jones; 3, J. F. Pearce. A. Ferguson, stroke; C. Charlton, cox.

This crew was a serious embarrassment to the Boat Club by virtue of its speed, so much so that your correspondent was nearly lynched by St. Mary's R.U.F.C. during the final. The Club hopes they will vindicate their 'amateur' status by being equally successful on the Rugger field.

The Winter Eights Regatta of the University of London Boat Club will be at Chiswick on December 5. Bart.'s are the holders in the Senior Division.

A friendly race with Queens' College 1st Fairbairn VIII on the Cam from Chesterton to Ditton Corner was lost by  $\frac{1}{4}$  length, by the 1st VIII. Possibly St. Thomas's had something to do with this by inviting the crew to their Boat Club Ball the night before. At all events the result was most salutary to the ego.

## RUGBY FOOTBALL

The start of a new season has not been a very encouraging one to both players and supporters. Only two matches have been won by any of the four teams playing each Saturday so far. The 1st XV have been especially unfortunate in that Burrows, Gaune and Hackett will be unable to play until after the Cornish tour owing to illness and injuries sustained last year. Roche has taken over captaining the 1st XV and he resolutely tackled the problem of getting a side together ready to play Birmingham, on September 26, from the few rugger players who were available. The team certainly showed form in a trial game against the H.A.C., but had a very uncertain future in another game against the Civil Service.

### **Bart's v. Birmingham (away). Lost 14-3.**

Bart's began well with Scott-Brown making a dash to score the first try of the season. However, the team never looked up again and a lack of fire, fitness and tactical sense were especially noticeable against a very average provincial team.

### **Berkshire Wanderers v. Bart's (away). Drawn 0-0.**

This game was played in monsoon conditions. The forwards showed improvement, led by Roche. The play was aimless and featureless, but for a fine display by Badley at full back.

The new term, at this stage, began and the fresh entry of students was awaited with some optimism. The captain and secretary looked very crestfallen when only eight fellows made themselves available to play rugger at all; however, Downham and Thomas have proved themselves well up to 1st XV standard.

### **Bart's v. Chatham (away). Lost 11-6.**

Conditions were good and provided a fast, open and enjoyable game. Bart's failed to open with a bang and Chatham were easily leading at half-time. The forwards showed little enthusiasm and the front row of the scrum proved unbalanced. The three-quarters fumbled badly for the first 20 minutes, but settled down well in the second half.

The team improved and played together, and in the last half Chatham were held to 11-6. M. Philips unfortunately injured his ankle on the wing.

### **Woodford v. Bart's (home). Lost 18-6.**

Hepburn, of Woodford, provided some real class to this game in his international position at fly-half and became the mainspring of repeated Woodford attacks besides popping up ready to take the last pass from his three-quarters. The Bart's pack, who were particularly vociferous in this game, found it difficult to win possession of the ball and consequently the three-quarters had to defend for most of the game with little cover from the forwards. Downham was outstanding for his tackling. It was unfortunate that Fitzgerald had to leave the field with a twisted knee, but the pack still had no excuse for their lack of teamwork and bustle. Roche tried hard to set an example. Lammiman at last used his speed in the second half, and went

over to a rather ill-grounded try. Downham made the other try in the first half, when he intercepted a Woodford movement and passed to Davies who scored. Kicks at goal were missed.

### **Bart's v. Metropolitan Police. Lost 9-3.**

This was a most encouraging game; but for lack of knowledge of positional play, Bart's might have won. The police, who had beaten the Harlequins three days before, soon settled down, and their scrum-half went blind, was given plenty of time to kick ahead, caught the ball again and was unmolested. The Bart's pack, three-quarters and Walton at full back who played an exemplary game, returned fire. The pack carried out some good rushes led by Weatherly, Roche, Tallock, and Graham, and the three-quarters defended brilliantly. Davies's kicks put May back in the police half all the game. After much loose scrummage, the police found their three-quarters unmarked and the right-wing raced over for a second try.

The second half was all Bart's, and most of the game was played in the police 25. Thomas made repeated attempts to score a try and hustled the three-quarter line well. Lammiman finally made a good run and dived over near the corner flag, 6-3. The police retaliated and after a stray pass from Nicholson who was playing an heroic game at scrum-half, they started a movement and scored.

Bart's fought to the end, the pack being especially prominent. Philips and Downham both defended very well. This game showed a vast improvement on previous form. Settlement of the front row and further team practice should put the XV back on the road of promise it showed last year.

**Team:** B. Walton; D. A. Lammiman, J. K. Murphy; D. W. Downham, M. Philips, M. J. A. Davies, J. Nicholson; M. Weatherly, H. Jewel, J. Dobson, D. W. Roche (Capt.), K. E. A. Norbury, J. Tallock, M. N. Graham, H. Thomas.

### **Bart's v. Cambridge Univ. LX Club. Lost 34-0.**

This was the heaviest defeat the club has suffered for many years. Although at least seven changes had to be made from the regular side due to injuries, the LX Club were superior in every department besides being much faster and fitter. Roche, Graham and Thomas did well in the forwards, while Downham and Murphy in the backs tackled with fine determination. Ten tries were scored, five in each half, while only two of these were converted. Had conditions been good an even heavier score might have been made. It is interesting to note St. Mary's Hospital beat the full university side by 21-11 the same day, which indicates that Bart's rugger at the moment is certainly "in the doldrums".

The main trouble seems to be lack of fire in the pack and a need for more thrust at half-back and centre. The tackling and team fitness as a whole is decidedly below standard, and unless these faculties improve greatly in the next two months, we cannot look forward to a moderate season or, indeed, a good display in the Hospital Cup. It is hoped that when the captain, Gawne, and several other injured players return to the side there will be a distinct improvement in both the morale and play. This will not be too soon.

## CRICKET

At the A.G.M. of the Cricket Club, held on Tuesday, October 20th, the following officers were elected for 1954:—

Captain—A. C. S. Bloomer; vice-captain—J. R. Nicholson; hon. secretary—J. H. K. Taylor; hon. treasurer—G. B. Gillett; extra-committee—P. V. Rycroft.

This year the results have been rather disappointing, the club having won only 7 of the 29 matches played (8 were drawn and 14 lost). However, we did manage to get into the semi-finals of the Hospitals Cup—where we were beaten by St. Thomas's. Also we had a very enjoyable and successful Sussex Tour—winning 3 matches, drawing 2 and losing 1.

Peter Rycroft headed the batting averages with an average of 36.5. John Nicholson had an average of 25.9. Desmond Roxburgh was our most successful bowler, taking 56 wickets at an average of 13.1 runs a wicket.

Next year it is hoped that we shall have a better season. A net is being constructed at Charterhouse Square and the slip-catching machine is being brought up from Chislehurst. This will enable members to put in some mid-week practice and should thus produce better results at the week-ends.

## MEN'S LAWN TENNIS

### Report on Season 1953

This year, three trials were held at Chislehurst in an attempt to give everyone the chance of a game. Unfortunately, the weather was unkind and the hard courts had to be used on one occasion. The response to these trials was not as good as expected, and the pre-clinical years were poorly represented. It is hoped that more people will attend next year.

### 1st Team

The 1st VI played a total of 11 matches, winning five, losing five, and drawing one. By far the best match was that against R.M.A. Sandhurst, which was won 6—3 after a hard fight.

In our annual match with the staff, the club won 6—3, but the registrars turned out a stronger team and, playing excellent tennis, beat us 5—4 in the last match of the season.

This year's cup matches were very disappointing. In the London University Cup we were drawn against the holders, University College, in the first round (incidentally, our first match of the season), and were well and truly beaten 6—0 with three games left unplayed.

In the United Hospitals Cup, we played London Hospital, and were once again trounced, this time 7—2 in the first round.

### 2nd Team

A total of seven matches was played, the team winning four and losing three. It may be possible next year to have a more extensive fixture list for the 2nd VI, in view of the success of what is virtually always a scratch side.

This year two mixed doubles tournaments were run, and attracted a good number of couples to the courts. The first competition was won by J. Mellows, partnered by Miss Nancy Funnell, who, with D. Buttery, also won the second.

## Doubles and Singles Cups

The Men's Doubles Cup, first played for last year, was won by Messrs. A. Murley and N. Winstone, who beat W. J. Walton and S. M. Lacey in the final 6—0, 6—4, in a very one-sided contest.

This year saw the introduction of the Men's Singles Cup, the final of which produced some good tennis when W. S. S. Maclay beat L. N. Dowie 6—4, 6—0.

Both cup competitions drew a large number of entries.

Two friendly mixed doubles matches were played against other hospitals, in which our nurses participated. Both matches were won easily.

This season two of our players have had occasional matches with the United Hospitals team, but as yet we have no one of university standard in the hospital.

At the A.G.M. held in October, the following officers were elected:—

President—Mr. Donald Fraser, captain—W. J. Walton, vice-captain—P. J. Burrows, secretary—W. S. S. Maclay, clin. rep.—G. N. Ashbee, pre-clin. rep.—J. Bench.

The club would like to thank Mr. Laurie White for keeping the grass courts in such excellent condition, and Mr. Donald Fraser, for his help and encouragement during the season.

## WOMEN'S HOCKEY

The Club has had a successful start to the season, and were glad to welcome several new members. In the Inter-Hospital Cup, Bart's have a bye in the first round, and play Guy's Hospital in the second round.

### Results

- Oct. 3. v. King's College Hospital.  
won 6—3.
- " 10. v. St. Thomas's Hospital.  
won 2—1.
- " 17. v. Dartford Physical Training College.  
lost 1—2.
- " 24. v. Guy's Hospital.  
drew 4—4.
- " 31. v. Middlesex Hospital.  
won 5—0.
- Nov. 11. v. Westfield College.  
won 3—1.
- " 14. v. St. Mary's Hospital.  
won 7—0.

The annual tour was at Cambridge this year, and it proved to be short but successful.

- Nov. 20. v. Girton College.  
won 8—2.
- " 21. v. Newnham College.  
won 5—2.
- " 22. v. Magdalene College Rugby Club.  
won 7—6.

## HOSPITAL APPOINTMENTS

The following appointments to the medical staff have been approved, with effect from the dates indicated :—

### Diabetic Department—

Part-time Assistant ... Dr. C. Foster Cooper from 1.10.53.

### Radiotherapy Department

Junior Registrar ... Mr. R. J. M. Whittle from 1.11.53.

### Dr. Spence's firm

Registrar ... Dr. J. S. Jenkins from 1.11.53 (vice Galbraith).

In addition to the above Mr. I. P. Todd, Senior Registrar to Mr. Naunton Morgan, will exchange places with Mr. G. W. Taylor, Senior Registrar to the Surgical Unit for a period of three months from 1.1.54.

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## OBITUARY

We announce with regret the death of :

Henry Maurice Dunlop Nicoll on Aug. 30 (Qud, 1910)

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## BOOK REVIEW

**CLINICAL ENDOCRINOLOGY**, by A. W. Spence. Cassell & Co. Ltd., 1953. 696 pages. Price 50s.

This book is intended, to quote the author's preface, "for the general physician and for those aspiring to become clinical endocrinologists." There is no doubt that it will also become a standard textbook for candidates for higher medical degrees.

Provided not only with a most comprehensive index to the text, but also with an author index to the bibliography of over 1,700 items, this book will be a useful initial guide to the literature over the whole field of endocrinology except diabetes mellitus, which the author has not felt "bold enough to include." This exception seems a wise decision, as at present the book is of a convenient size; if the subject of diabetes were to be treated in any but a very superficial manner, the volume would become too heavy for armchair use.

Most chapters include a brief historical account of the development of knowledge of the subject

under consideration. By this approach an instructive insight is obtained into the logical steps by which research proceeds.

The syndromes of endocrinology lend themselves well to illustration and the many photographs are, on the whole, informative and well reproduced. However, a few minor criticisms can be made, because the demand for this work will undoubtedly justify an early second edition. The illustration of the reduction of hirsutism following adrenalectomy, in a patient with an adrenogenital syndrome, would be more impressive if the background and the illumination of the subject were comparable in the photographs before and after treatment. The illustrations of sporadic cretinism do not demonstrate the distinctive features of this condition well and, as in one or two of the other photographs of children, a note of the ages of the patients would be of value.

While earlier reports suggested that Hashimoto's disease is rarer than Riedel's type of chronic thyroiditis, as is stated in the text, all the more recent papers on the subject show that the reverse is the case, Hashimoto's disease being six or ten times more common. It is also doubtful if the



serum cholesterol is *invariably* raised in myxoedema, even if as low a figure as 200 mg. per 100 ml. is accepted as the upper limit of normal.

Throughout, although opposing views in the literature are well discussed, the writer does not fail to give authoritative advice based on personal experience, and it is interesting to note how many and varied are the contributions which the author has made to endocrinological literature.

This book is one with which all interested in endocrinology should be familiar and is admirably designed for post-graduate students of medicine. A most worthy addition to the group of textbooks by Bart's men.

H.-J. B. GALBRAITH.

**DISEASES OF WOMEN**, by Ten Teachers.  
Edited by Frederick W. Roques, John Beattie and Joseph Wrigley. 9th Edition, pp. 480. Edward Arnold Ltd. 28s.

This book is written primarily for the benefit of students reading for their final examinations, and as such its scope is somewhat limited. The contributors have tried to avoid filling the students' mind with the pros and cons of controversial issues and have concentrated on the basic principles and common methods of treatment available. Within these limitations the book achieves its object admirably. The material is clearly set out and well presented. The new chapters on the physiology and endocrinology of the menstrual cycle are particularly good. Your reviewer was disappointed with some of the sections on pathology, which are very brief, especially on carcinoma of the uterus. One of the outstanding features of the book lies in the illustrations, to which there are 50 additions. Both plates and diagrams are exceptional, particularly those of gynaecological operations.

The student interested in gynaecology for its own sake will wish to browse further afield; the student chiefly interested in satisfying the examiners will find this book more than useful!

G.C.

**TEXTBOOK OF BACTERIOLOGY**, by R. W. Fairbrother. 7th Edition. William Heinemann. 20s.

This book is known to many generations of students as a well-balanced and clearly expressed outline of the medical aspects of bacteriology.

Since the last edition four years ago, considerable advances have been made in the study of bacterial metabolism and the chemotherapy of

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viruses. In this edition many alterations have been made to incorporate some of the more important developments, and obsolete material has been removed: in particular the chapters on chemotherapy and viruses have been largely re-written.

The chapter on chemotherapy starts with a short introduction to the principles involved and goes on to mention some of the more important antibiotic substances in use to-day. That on viruses gives a summary of their more important properties and diseases caused by them.

This edition (as have those that have preceded it) serves as an ideal introduction to those commencing a course of medical bacteriology and amply fulfils the needs of the M.B. examination.

D.F.

### The following books have been received:—

- Clinical Chemical Pathology*. C. H. Gray. Edward Arnold. 10s. 6d.  
*Respiratory Function, Management in Disease*. Tomkin. Actinic Press. Paper, 3s. 6d.; Cloth, 5s. 6d.  
*An Introduction to General Practice*. D. Craddock. H. K. Lewis. 42s.  
*Radioactivity and Radioactive Substances*. Chadwick. Pitman. 12s. 6d.  
*Diuretic Therapy*. Vogl. Williams & Wilkins. 38s. 6d.  
*Basic Bacteriology*. Lamanna and Malletti. Baillière, Tindall & Cox. 76s. 6d.  
*Bacteria in Relation to Nursing*. 2nd Ed. Revised by Marshall. H. K. Lewis. 17s. 6d.  
*Essential Urology*. Colby. Baillière, Tindall & Cox. 61s. 6d.  
*Textbook of Bacteriology*. 7th Ed. Fairbrother. William Heinemann. 20s.  
*Basic Pathology and Morbid Histology*. Carter. Wright & Sons. 42s.  
*Ear, Nose and Throat Diseases for Medical Students*. McKenzie. Livingstone. 21s.  
*Eden and Hollana's Manual of Obstetrics*. 10th Edit., rev. by Brews. Churchill. 52s. 6d.  
*A Dictionary of Midwifery and Public Health*. Carter and Dodds. Faber & Faber. 25s.

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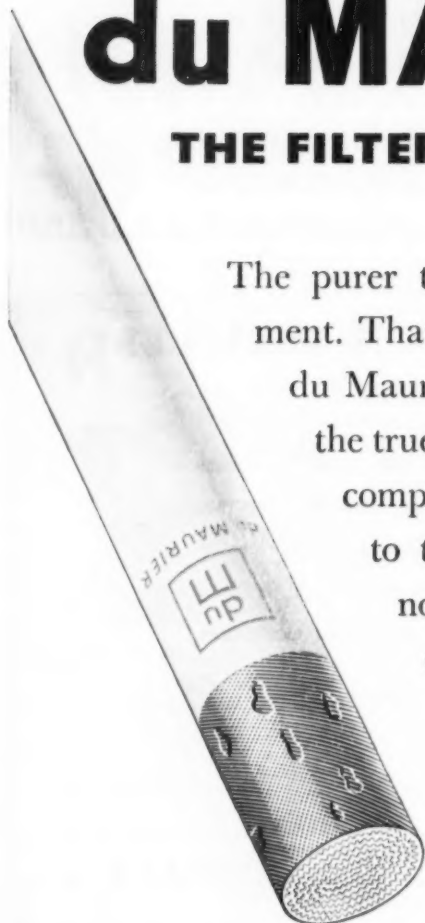
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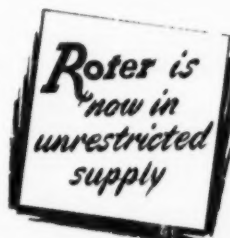
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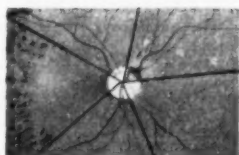
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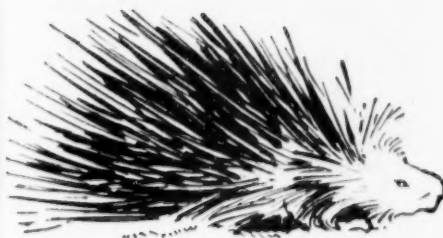
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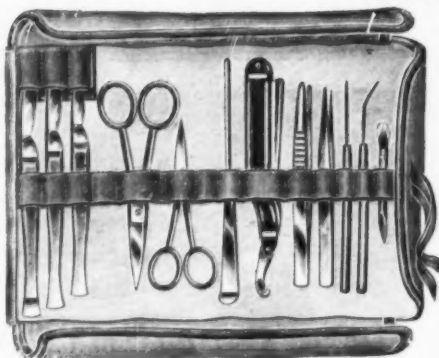
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**Insulin Zinc Suspension (Crystalline)—Ultralente**  
*with an action of about 24 to 36 hours*

These new insulins, which are entirely of British manufacture, consist of insulin with zinc suspended in a special buffer; no added protein is present. They may be mixed with each other to give intermediate duration of action, but they should not be mixed with other types of insulin.

The full range of 'Wellcome' brand Insulin products now includes these Insulin Zinc Suspensions, unmodified Insulin, Globin Insulin, Protamine Zinc Insulin and Isophane Insulin (N.P.H.).

**‘WELLCOME’**  
**INSULIN ZINC SUSPENSIONS**



**BURROUGHS WELLCOME & CO., LONDON**  
(THE WELLCOME FOUNDATION LTD.)



## For the 'bilious' or 'liverish' patient

DEHYDROCHOLIN B.D.H. is the most active and least toxic of the bile acids. Since it is highly effective in promoting the secretion of bile and therefore aids the digestion and absorption of food-stuffs, especially fats, it is indicated particularly for the treatment of 'bilious' or 'liverish' conditions.

Dehydrocholin B.D.H. is also useful in establishing normal bowel action in patients with a deficiency of bile and in patients needing mild peristaltic stimulation. Dosage of three tablets three times a day is recommended.

## DEHYDROCHOLIN B.D.H.

*Tablets for oral administration, each containing 0.25 gramme in bottles of 20 at 3/- and 100 at 13/-.*

*Solution for injection in ampoules containing 2 gramme of sodium dehydrocholate in 10 ml. Box of 6 ampoules 14/-; box of 25 at 55/-.*

*Basic N.H.S. prices.*

*Literature and samples are available to physicians on request*

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